

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

NORTHERN DISTRICT OF OHIO

Case number (if known) \_\_\_\_\_

Chapter you are filing under:

☐ Chapter 7☐ Chapter 11☐ Chapter 12☒ Chapter 13☐ Check if this an amended filing

## Official Form 101

**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Identify Yourself****About Debtor 1:****About Debtor 2 (Spouse Only in a Joint Case):****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Frederick**

First name

**D.**

Middle name

**Harris**

Last name and Suffix (Sr., Jr., II, III)

**Bernice**

First name

**R.**

Middle name

**Harris**

Last name and Suffix (Sr., Jr., II, III)

**2. All other names you have used in the last 8 years**

Include your married or maiden names.

**3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)****xxx-xx-5575****xxx-xx-7089**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

☒ I have not used any business name or EINs.

☒ I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

Business name(s)

EINs

EINs

**5. Where you live**

**55 East Juniper Lane  
 Moreland Hills, OH 44022**

Number, Street, City, State & ZIP Code

**Cuyahoga**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**If Debtor 2 lives at a different address:**

Number, Street, City, State & ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
 Explain. (See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason.  
 Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- ☐ Chapter 7
- ☐ Chapter 11
- ☐ Chapter 12
- ☒ Chapter 13
- 
8. **How you will pay the fee** ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
- 
9. **Have you filed for bankruptcy within the last 8 years?** ☒ No.
- ☐ Yes.
- |                |            |                   |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
- 
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** ☒ No
- ☐ Yes.
- |                             |                           |
|-----------------------------|---------------------------|
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
| Debtor _____                | Relationship to you _____ |
| District _____              | When _____                |
| Case number, if known _____ |                           |
- 
11. **Do you rent your residence?** ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**Part 3: Report About Any Businesses You Own as a Sole Proprietor**

**12. Are you a sole proprietor of any full- or part-time business?**

☒ No. Go to Part 4.

☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

\_\_\_\_\_  
 Name of business, if any

\_\_\_\_\_  
 Number, Street, City, State & ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention**

**14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

☒ No.

☐ Yes.

What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

*For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?*

Where is the property? \_\_\_\_\_

\_\_\_\_\_  
 Number, Street, City, State & Zip Code

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

- ☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ **I am not required to receive a briefing about credit counseling because of:**

- ☐ **Incapacity.**  
I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

- ☐ **Disability.**  
My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

- ☐ **Active duty.**  
I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known)

**Part 6: Answer These Questions for Reporting Purposes**

<b>16. What kind of debts do you have?</b>	16a.	<b>Are your debts primarily consumer debts?</b> <i>Consumer debts</i> are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> No. Go to line 16b. <input checked="" type="checkbox"/> Yes. Go to line 17.
	16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. <input type="checkbox"/> No. Go to line 16c. <input type="checkbox"/> Yes. Go to line 17.
	16c.	State the type of debts you owe that are not consumer debts or business debts  

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<b>17. Are you filing under Chapter 7?</b>	<input checked="" type="checkbox"/> No.	I am not filing under Chapter 7. Go to line 18.
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> Yes.	I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input type="checkbox"/> No <input type="checkbox"/> Yes

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<b>18. How many Creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
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<b>19. How much do you estimate your assets to be worth?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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<b>20. How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
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**Part 7: Sign Below**

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Frederick D. Harris**

**Frederick D. Harris**

Signature of Debtor 1

**/s/ Bernice R. Harris**

**Bernice R. Harris**

Signature of Debtor 2

Executed on **October 29, 2018**  
 MM / DD / YYYY

Executed on **October 29, 2018**  
 MM / DD / YYYY

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number *(if known)*

**For your attorney, if you are represented by one**

**If you are not represented by an attorney, you do not need to file this page.**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**/s/ Charles J. Van Ness**

Signature of Attorney for Debtor

Date

**October 29, 2018**

MM / DD / YYYY

**Charles J. Van Ness 0047365**

Printed name

**Van Ness Law, Ltd.**

Firm name

**6181 Mayfield Road**

**Suite 104**

**Mayfield Heights, OH 44124-3222**

Number, Street, City, State & ZIP Code

Contact phone **(440) 461-4433**

Email address

**CJVLAW@Prodigy.Net**

**0047365 OH**

Bar number & State

**Fill in this information to identify your case:**

Debtor 1	<b>Frederick D. Harris</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Bernice R. Harris</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		Your assets Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)		
1a. Copy line 55, Total real estate, from Schedule A/B.....	\$	<b>724,800.00</b>
1b. Copy line 62, Total personal property, from Schedule A/B.....	\$	<b>733,886.38</b>
1c. Copy line 63, Total of all property on Schedule A/B.....	\$	<b>1,458,686.38</b>

**Part 2: Summarize Your Liabilities**

		Your liabilities Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)		
2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$	<b>1,030,935.51</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)		
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$	<b>21,869.54</b>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$	<b>294,494.16</b>
<b>Your total liabilities</b>		<b>\$ 1,347,299.21</b>

**Part 3: Summarize Your Income and Expenses**

4. <b>Schedule I: Your Income</b> (Official Form 106I)		
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$	<b>20,345.26</b>
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)		
Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$	<b>18,870.92</b>

**Part 4: Answer These Questions for Administrative and Statistical Records****6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. *Check this box* and submit this form to the court with your other schedules.



Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

8. **From the *Statement of Your Current Monthly Income*:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$ **33,485.49**

9. **Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:**

	Total claim
<b>From Part 4 on <i>Schedule E/F</i>, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	\$ <b>0.00</b>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <b>21,869.54</b>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <b>0.00</b>
9d. Student loans. (Copy line 6f.)	\$ <b>0.00</b>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <b>0.00</b>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <b>0.00</b>
9g. <b>Total.</b> Add lines 9a through 9f.	\$ <b>21,869.54</b>

**Fill in this information to identify your case and this filing:**

Debtor 1	<b>Frederick D. Harris</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Bernice R. Harris</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>NORTHERN DISTRICT OF OHIO</b>			
Case number _____			

☐ Check if this is an amended filing

## Official Form 106A/B

# Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In**
**1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?**
☐ No. Go to Part 2.

☒ Yes. Where is the property?

1.1

**55 E. Juniper Lane**

Street address, if available, or other description

**Moreland Hills OH 44022-0000**

City State ZIP Code

**Cuyahoga**

County

**What is the property?** Check all that apply

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

 Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**
**\$724,800.00**
**Current value of the portion you own?**
**\$724,800.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**
☐ Check if this is community property (see instructions)

Other information you wish to add about this item, such as local property identification number:

**PPN: 912-14-012**
**Legal Description Attached**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**If you own or have more than one, list here:**

1.2

**5600 Gulf Blvd.**

Street address, if available, or other description

**Saint Petersburg FL 33706-0000**

City State ZIP Code

**Pinellas**

County

**What is the property?** Check all that apply

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☒ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Time Share with Bluegreen Vacations Corporation**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**Unknown**

Current value of the portion you own?

**Unknown**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**

☐ Check if this is community property (see instructions)

**If you own or have more than one, list here:**

1.3

**100 Front 9 Dr.**

Street address, if available, or other description

**Saint Augustine FL 32092-0000**

City State ZIP Code

**Saint Johns**

County

**What is the property?** Check all that apply

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☒ Timeshare  
☐ Other \_\_\_\_\_

**Who has an interest in the property?** Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

**Timeshare with Bluegreen Vacations Corporation**

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

**Unknown**

Current value of the portion you own?

**Unknown**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

**Fee simple**

☐ Check if this is community property (see instructions)

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

**\$724,800.00**

**Part 2: Describe Your Vehicles**

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

### 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No  
☒ Yes

3.1 Make: **Land Rover**  
 Model: **Range Rover**  
 Year: **2013**  
 Approximate mileage: **70,000**

Other information:

**Average condition**

Who has an interest in the property? Check one

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

Current value of the portion you own?

**\$19,950.00**

**\$19,950.00**

### 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☒ No  
☐ Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

**\$19,950.00**

### Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

### 6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

☐ No

☒ Yes. Describe.....

**Misc. household goods and furnishings**

**\$10,000.00**

### 7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

☐ No

☒ Yes. Describe.....

**Misc. electronic equipment**

**\$5,000.00**

### 8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

☒ No

☐ Yes. Describe.....

### 9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☒ No

☐ Yes. Describe.....

### 10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

☒ No

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

☐ Yes. Describe.....

**11. Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

☐ No

☒ Yes. Describe.....

Misc. clothes and shoes

\$2,500.00

Misc. clothes and shoes

\$1,500.00

**12. Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe.....

Wedding band, class ring, watch, misc. costume jewelry

\$800.00

Wedding band, gold ring, gold necklaces, misc. costume jewelry

\$3,500.00

**13. Non-farm animals**

*Examples:* Dogs, cats, birds, horses

☐ No

☒ Yes. Describe.....

Dogs, fish

\$0.00

**14. Any other personal and household items you did not already list, including any health aids you did not list**

☒ No

☐ Yes. Give specific information.....

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....**

\$23,300.00

**Part 4: Describe Your Financial Assets**

**Do you own or have any legal or equitable interest in any of the following?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**16. Cash**

*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes.....

Cash

\$200.00

Cash

\$25.00

**17. Deposits of money**

*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes.....

Institution name:

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

17.1.	Checking	U.S. Bank, N.A. (Business Account - Galaxy)	\$3,000.00
17.2.	Other financial account	TD Ameritrade (cash)	\$13.29
17.3.	Checking	Ohio Savings Bank	\$0.13
17.4.	Checking	Huntington National Bank	\$6.17
17.5.	Checking	Chase	\$402.00
17.6.	Checking	PNC Bank	\$120.73
17.7.	Other financial account	Key Investment Services	\$0.03
17.8.	Checking	JP Morgan Chase (Business Account - Blue Chip)	\$1,000.00
17.9.	Savings	JP Morgan Chase (Business Account - Blue Chip)	\$500.00

18. **Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☐ No

☒ Yes.....

Institution or issuer name:

**Supersedeas - Appeal - Bond to Court of Appeals of Cuyahoga County, Ohio filed with Cuyahoga County Court of Common Pleas, Case No. CV-16-857614**

**\$62,275.53**

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**

☐ No

☒ Yes. Give specific information about them.....

Name of entity:

% of ownership:

**Blue Chip Investments VII, LLC**

**100** %

**\$0.00**

**Galaxy Investors, Inc. (not operating)**

**100** %

**\$0.00**

**Dr. Frederick D. Harris MD, Inc.**

**100** %

**\$0.00**

**422-306, Ltd.**

**9.5** %

**Unknown**

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

Official Form 106A/B

Schedule A/B: Property

page 5

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

☒ No

☐ Yes. Give specific information about them  
 Issuer name: \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans*

☐ No

☒ Yes. List each account separately.

Type of account:

Institution name:

<b>403(b)</b>	<b>Cleveland Clinic at Fidelity</b>	<b>\$369,963.22</b>
<b>401(a)</b>	<b>Cleveland Clinic IPP at Fidelity</b>	<b>\$22,796.65</b>
<b>401(a)</b>	<b>Cleveland Clinic Cash Balance Plan at Fidelity</b>	<b>\$197,791.34</b>
<b>457B</b>	<b>Cleveland Clinic at Fidelity</b>	<b>\$0.00</b>

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others*

☒ No

☐ Yes. ....

Institution name or individual: \_\_\_\_\_

**23. Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

☒ No

☐ Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

☒ No

☐ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

☒ No

☐ Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples: Internet domain names, websites, proceeds from royalties and licensing agreements*

☒ No

☐ Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

*Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses*

☒ No

☐ Yes. Give specific information about them...

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**29. Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No  
☐ Yes. Give specific information.....

**30. Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No  
☐ Yes. Give specific information..

**31. Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☐ No  
☒ Yes. Name the insurance company of each policy and list its value.

Company name:	Beneficiary:	Surrender or refund value:
<b>Group Variable Universal Life with Metropolitan Life Insurance Company through Cleveland Clinic</b>	<b>Wife</b>	<b>\$544.29</b>
<b>Level Term Life with The Cincinnati Insurance Company</b>	<b>Wife</b>	<b>\$0.00</b>
<b>Annual Renewable Term Life with American Health and Life Insurance Company</b>	<b>Husband</b>	<b>\$0.00</b>

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

- ☒ No  
☐ Yes. Give specific information..

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

*Examples:* Accidents, employment disputes, insurance claims, or rights to sue

- ☐ No  
☒ Yes. Describe each claim.....

<b>Various collection accounts deemed uncollectible</b>	<b>Unknown</b>
<b>Judgment against Faruq Husamadeen in Cuyahoga County Court of Common Pleas, Case Non CV-16-867441 (doubtful collectibility)</b>	<b>\$31,998.00</b>

**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

- ☒ No  
☐ Yes. Describe each claim.....

**35. Any financial assets you did not already list**

- ☒ No  
☐ Yes. Give specific information..

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

**\$690,636.38**



Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.  
☐ Yes. Go to line 38.

**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.  
☐ Yes. Go to line 47.

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above**

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No  
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		<b>\$724,800.00</b>
56. Part 2: Total vehicles, line 5	<b>\$19,950.00</b>	
57. Part 3: Total personal and household items, line 15	<b>\$23,300.00</b>	
58. Part 4: Total financial assets, line 36	<b>\$690,636.38</b>	
59. Part 5: Total business-related property, line 45	<b>\$0.00</b>	
60. Part 6: Total farm- and fishing-related property, line 52	<b>\$0.00</b>	
61. Part 7: Total other property not listed, line 54	<b>\$0.00</b>	
62. Total personal property. Add lines 56 through 61...	<b>\$733,886.38</b>	Copy personal property total <b>\$733,886.38</b>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$1,458,686.38</b>

*Quit-Claim Deed*

CUYAHOGA COUNTY RECORDER  
PATRICK J. OMALLEY  
DEQC 11/05/2003 02:54:37 PM  
200311051177

## KNOW ALL MEN BY THESE PRESENTS

*That,*

**BERNICE BELLE HARRIS**  
(Married)

*the Grantor, who claims title by or through the instrument recorded in Volume 95-05316, Page 48, Cuyahoga County Recorder's Office, for the consideration of Ten Dollars (\$10.00), received to her full satisfaction of*

**FREDERICK D. HARRIS and BERNICE BELLE HARRIS**  
(Husband and Wife)

*the Grantees, for their joint lives, remainder to the survivor of them, whose tax mailing address is*

**55 East Juniper Lane, Moreland Hills, Ohio 44022**

*has GIVEN, GRANTED, REMISED, RELEASED AND FOREVER QUIT-CLAIMED and do by these presents absolutely gives, grants, remises, releases and forever quit-claims unto the said Grantees, their heirs and assigns forever, all such right and title as the said Grantor has or ought to have in and to the following described piece or parcel of land situated in the City of Moreland Hills, County of Cuyahoga and State of Ohio.*

*And known as being Sublot No. 3 in Jackson Road Subdivision No. 1 of part of Original Orange Township Lots Nos. 7 and 11, Tract No. 3, Second Division as shown by the recorded plat in Volume 225 of Maps, Page 31 of Cuyahoga County Records and being a parcel of land 179.91 feet front on the Northerly side of East Juniper Lane, and extending back 449.99 feet on the Westerly line, and 460.40 feet on the Easterly line, and having a rear line of 180 feet, as appears by said plat, be the same more or less, but subject to all legal highways.*

**Permanent Parcel No.: 912-14-012**

**55 East Juniper Lane  
Moreland Hills, Ohio 44022**

ROBERT KLAIBER P.E., P.S.  
Legal Description complies with  
Cuyahoga County Conveyance  
Standards and is approved for  
transfer

NOV 04 2003

Agent

CUYAHOGA COUNTY RECORDER  
200311051177 PAGE 1 of 3

**Fill in this information to identify your case:**

Debtor 1	<b>Frederick D. Harris</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Bernice R. Harris</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 106C****Schedule C: The Property You Claim as Exempt****4/16**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

**Part 1: Identify the Property You Claim as Exempt**

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own  Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
55 E. Juniper Lane Moreland Hills, OH 44022 Cuyahoga County PPN: 912-14-012 Legal Description Attached Line from <i>Schedule A/B</i> : 1.1	\$724,800.00	<input checked="" type="checkbox"/> \$273,850.00  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(1)
2013 Land Rover Range Rover 70,000 miles Average condition Line from <i>Schedule A/B</i> : 3.1	\$19,950.00	<input checked="" type="checkbox"/> \$3,775.00  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(2)
Misc. household goods and furnishings Line from <i>Schedule A/B</i> : 6.1	\$10,000.00	<input checked="" type="checkbox"/> \$10,000.00  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Misc. electronic equipment Line from <i>Schedule A/B</i> : 7.1	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
Misc. clothes and shoes Line from <i>Schedule A/B</i> : 11.1	\$2,500.00	<input checked="" type="checkbox"/> \$2,500.00  <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Misc. clothes and shoes</b> Line from Schedule A/B: 11.2	<u>\$1,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,500.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(a)
<b>Wedding band, class ring, watch, misc. costume jewelry</b> Line from Schedule A/B: 12.1	<u>\$800.00</u>	<input checked="" type="checkbox"/> <u>\$800.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
<b>Wedding band, gold ring, gold necklaces, misc. costume jewelry</b> Line from Schedule A/B: 12.2	<u>\$3,500.00</u>	<input checked="" type="checkbox"/> <u>\$2,400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(4)(b)
<b>Wedding band, gold ring, gold necklaces, misc. costume jewelry</b> Line from Schedule A/B: 12.2	<u>\$3,500.00</u>	<input checked="" type="checkbox"/> <u>\$1,100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
<b>Cash</b> Line from Schedule A/B: 16.1	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Cash</b> Line from Schedule A/B: 16.2	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Checking: U.S. Bank, N.A. (Business Account - Galaxy)</b> Line from Schedule A/B: 17.1	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>75%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(13)
<b>Checking: U.S. Bank, N.A. (Business Account - Galaxy)</b> Line from Schedule A/B: 17.1	<u>\$3,000.00</u>	<input checked="" type="checkbox"/> <u>\$750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
<b>Other financial account: TD Ameritrade (cash)</b> Line from Schedule A/B: 17.2	<u>\$13.29</u>	<input checked="" type="checkbox"/> <u>\$13.29</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Checking: Ohio Savings Bank</b> Line from Schedule A/B: 17.3	<u>\$0.13</u>	<input checked="" type="checkbox"/> <u>\$0.13</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Checking: Huntington National Bank</b> Line from Schedule A/B: 17.4	<u>\$6.17</u>	<input checked="" type="checkbox"/> <u>\$6.17</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Checking: Chase</b> Line from Schedule A/B: 17.5	<u>\$402.00</u>	<input checked="" type="checkbox"/> <u>75%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(13)
<b>Checking: Chase</b> Line from Schedule A/B: 17.5	<u>\$402.00</u>	<input checked="" type="checkbox"/> <u>\$100.50</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Checking: PNC Bank</b> Line from Schedule A/B: 17.6	<u>\$120.73</u>	<input checked="" type="checkbox"/> <u>\$120.73</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Other financial account: Key Investment Services</b> Line from Schedule A/B: 17.7	<u>\$0.03</u>	<input checked="" type="checkbox"/> <u>\$0.03</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Checking: JP Morgan Chase (Business Account - Blue Chip)</b> Line from Schedule A/B: 17.8	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>75%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(13)
<b>Checking: JP Morgan Chase (Business Account - Blue Chip)</b> Line from Schedule A/B: 17.8	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$15.95</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Checking: JP Morgan Chase (Business Account - Blue Chip)</b> Line from Schedule A/B: 17.8	<u>\$1,000.00</u>	<input checked="" type="checkbox"/> <u>\$234.05</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)
<b>Savings: JP Morgan Chase (Business Account - Blue Chip)</b> Line from Schedule A/B: 17.9	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>75%</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(13)
<b>Savings: JP Morgan Chase (Business Account - Blue Chip)</b> Line from Schedule A/B: 17.9	<u>\$500.00</u>	<input checked="" type="checkbox"/> <u>\$125.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(3)
<b>Supersedeas - Appeal - Bond to Court of Appeals of Cuyahoga County, Ohio filed with Cuyahoga County Court of Common Pleas, Case No. CV-16-857614</b> Line from Schedule A/B: 18.1	<u>\$62,275.53</u>	<input checked="" type="checkbox"/> <u>\$62,275.53</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(b)(3)(C)
<b>Blue Chip Investments VII, LLC 100 % ownership</b> Line from Schedule A/B: 19.1	<u>\$0.00</u>	<input checked="" type="checkbox"/> <u>\$0.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Ohio Rev. Code Ann. § 2329.66(A)(18)

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
<b>Galaxy Investors, Inc. (not operating)</b> <b>100 % ownership</b> Line from Schedule A/B: 19.2	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(18)</b>
<b>Dr. Frederick D. Harris MD, Inc.</b> <b>100 % ownership</b> Line from Schedule A/B: 19.3	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(18)</b>
<b>422-306, Ltd.</b> <b>9.5 % ownership</b> Line from Schedule A/B: 19.4	<b>Unknown</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. § 2329.66(A)(18)</b>
<b>403(b): Cleveland Clinic at Fidelity</b> Line from Schedule A/B: 21.1	<b>\$369,963.22</b>	<input checked="" type="checkbox"/> <b>\$369,963.22</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(b)(3)(C)</b>
<b>401(a): Cleveland Clinic IPP at Fidelity</b> Line from Schedule A/B: 21.2	<b>\$22,796.65</b>	<input checked="" type="checkbox"/> <b>\$22,796.65</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(b)(3)(C)</b>
<b>401(a): Cleveland Clinic Cash Balance Plan at Fidelity</b> Line from Schedule A/B: 21.3	<b>\$197,791.34</b>	<input checked="" type="checkbox"/> <b>\$197,791.34</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(b)(3)(C)</b>
<b>457B: Cleveland Clinic at Fidelity</b> Line from Schedule A/B: 21.4	<b>\$0.00</b>	<input type="checkbox"/> <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(b)(3)(C)</b>
<b>Group Variable Universal Life with Metropolitan Life Insurance Company through Cleveland Clinic</b> <b>Beneficiary: Wife</b> Line from Schedule A/B: 31.1	<b>\$544.29</b>	<input checked="" type="checkbox"/> <b>\$544.29</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §§ 2329.66(A)(6)(c), 3917.05</b>
<b>Level Term Life with The Cincinnati Insurance Company</b> <b>Beneficiary: Wife</b> Line from Schedule A/B: 31.2	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10, 3911.12, 3911.14</b>
<b>Annual Renewable Term Life with American Health and Life Insurance Company</b> <b>Beneficiary: Husband</b> Line from Schedule A/B: 31.3	<b>\$0.00</b>	<input checked="" type="checkbox"/> <b>\$0.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>Ohio Rev. Code Ann. §§ 2329.66(A)(6)(b), 3911.10, 3911.12, 3911.14</b>

3. **Are you claiming a homestead exemption of more than \$160,375?**

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

☐ No

☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☒ No

☐ Yes

Debtor 1 **Frederick D. Harris**  
Debtor 2 **Bernice R. Harris**

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Case number (if known) \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>Frederick D. Harris</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Bernice R. Harris</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<b>NORTHERN DISTRICT OF OHIO</b>		
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 106D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
<b>2.1 Ally Financial</b> Creditor's Name	<b>\$20,081.90</b>	<b>\$19,950.00</b>	<b>\$131.90</b>
<b>Describe the property that secures the claim:</b> <b>2013 Land Rover Range Rover</b> <b>70,000 miles</b> <b>Average condition</b>			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> Check if this claim relates to a community debt			
<input checked="" type="checkbox"/> Other (including a right to offset) <b>Purchase Money Security</b>			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
<b>Date debt was incurred</b> <u>2/13/2017</u>			
<b>Last 4 digits of account number</b> <u>2477</u>			

<b>2.2 Bluegreen Servicing LLC</b> Creditor's Name	<b>\$6,963.63</b>	<b>Unknown</b>	<b>Unknown</b>
<b>Describe the property that secures the claim:</b> <b>5600 Gulf Blvd. Saint Petersburg, FL</b> <b>33706 Pinellas County</b> <b>Time Share with Bluegreen</b> <b>Vacations Corporation</b>			
<b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
<b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit			
<input type="checkbox"/> Check if this claim relates to a community debt			
<input checked="" type="checkbox"/> Other (including a right to offset) <b>Mortgage</b>			
<b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt			
<b>PO Box 419439</b> <b>North</b> <b>Boston, MA 02241-9439</b> Number, Street, City, State & Zip Code			



Debtor 1 **Frederick D. Harris**

Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

Debtor 2 **Bernice R. Harris**

First Name Middle Name Last Name

Date debt was incurred **2015**Last 4 digits of account number **XXXX****2.3 Bluegreen Servicing LLC**

Creditor's Name

**PO Box 419439  
North  
Boston, MA 02241-9439**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**\$5,129.12****Unknown****Unknown****100 Front 9 Dr. Saint Augustine, FL  
32092 Saint Johns County  
Timeshare with Bluegreen  
Vacations Corporation**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☐ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)**Mortgage**

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred **2015**Last 4 digits of account number **4256****2.4 Rushmore Loan  
Management Services**

Creditor's Name

**PO Box 52708  
Irvine, CA 92619**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**\$941,364.92****\$724,800.00****\$216,564.92****55 E. Juniper Lane Moreland Hills,  
OH 44022 Cuyahoga County  
PPN: 912-14-012  
Legal Description Attached**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☒ Unliquidated☐ Disputed

Nature of lien. Check all that apply.

☒ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)☐ Judgment lien from a lawsuit☒ Other (including a right to offset)**Mortgage**

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim relates to a community debtDate debt was incurred **11/5/2003**Last 4 digits of account number **7954****2.5 SMS Financial 30, LLC**

Creditor's Name

**6829 North 12th Street  
Phoenix, AZ 85014**

Number, Street, City, State &amp; Zip Code

Describe the property that secures the claim:

**\$57,395.94****\$724,800.00****\$57,395.94****55 E. Juniper Lane Moreland Hills,  
OH 44022 Cuyahoga County  
PPN: 912-14-012  
Legal Description Attached**

As of the date you file, the claim is: Check all that apply.

☐ Contingent☒ Unliquidated☒ Disputed

Nature of lien. Check all that apply.

☐ An agreement you made (such as mortgage or secured car loan)☐ Statutory lien (such as tax lien, mechanic's lien)

Who owes the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only

Debtor 1 **Frederick D. Harris**  
 First Name Middle Name Last Name

Debtor 2 **Bernice R. Harris**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

☒ At least one of the debtors and another ☒ Judgment lien from a lawsuit

☐ Check if this claim relates to a community debt ☐ Other (including a right to offset) \_\_\_\_\_

Date debt was incurred 6/1/2017 Last 4 digits of account number 0151

Add the dollar value of your entries in Column A on this page. Write that number here:  
 If this is the last page of your form, add the dollar value totals from all pages.  
 Write that number here:

**\$1,030,935.51**

**\$1,030,935.51**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

<input type="checkbox"/> Name, Number, Street, City, State & Zip Code <b>Court of Common Pleas</b> <b>Cuyahoga County, Ohio</b> <b>1200 Ontario Street</b> <b>Cleveland, OH 44113</b>	On which line in Part 1 did you enter the creditor? <u>2.5</u> Last 4 digits of account number <u>7614</u>
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code <b>Manley Deas &amp; Kochalski LLC</b> <b>1555 Lake Shore Dr.</b> <b>Columbus, OH 43204</b>	On which line in Part 1 did you enter the creditor? <u>2.4</u> Last 4 digits of account number ____
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code <b>U.S. Bank National Association,</b> <b>as Trustee for the RMAC Trust</b> <b>15480 Laguna Canyon Road</b> <b>Suite 100</b> <b>Irvine, CA 92618</b>	On which line in Part 1 did you enter the creditor? <u>2.4</u> Last 4 digits of account number ____
<input type="checkbox"/> Name, Number, Street, City, State & Zip Code <b>US Bank</b> <b>PO Box 1800</b> <b>Saint Paul, MN 55101-0800</b>	On which line in Part 1 did you enter the creditor? <u>2.3</u> Last 4 digits of account number ____

**Fill in this information to identify your case:**

Debtor 1	<b>Frederick D. Harris</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Bernice R. Harris</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF OHIO</u>			
Case number _____ (if known)			

☐ Check if this is an amended filing

## Official Form 106E/F

**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

**Part 1: List All of Your PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims against you?**
☐ No. Go to Part 2.

☒ Yes.
**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount
2.1	<b>Internal Revenue Service</b> Priority Creditor's Name <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number <b>5575</b>	<b>\$15,782.17</b>	<b>\$15,629.35</b>
	<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>When was the debt incurred?</b> <u>12/31/2017</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		<b>\$152.82</b>
			<b>Income taxes</b>	

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known)

2.2	<b>Internal Revenue Service</b> Priority Creditor's Name <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>5575</b> <b>When was the debt incurred?</b> <b>12/31/2010</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<b>\$2,131.19</b> <b>\$2,122.66</b> <b>\$8.53</b>	
<b>Income taxes</b>				

2.3	<b>Regional Income Tax Agency</b> Priority Creditor's Name <b>Attn: Bankruptcy</b> <b>PO Box 470537</b> <b>Broadview Heights, OH 44147</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <b>TLDHB</b> <b>HLBB</b> <b>When was the debt incurred?</b> <b>2018</b> <b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<b>\$3,956.18</b> <b>\$0.00</b> <b>\$3,956.18</b>	
<b>Income taxes</b>				

**Part 2: List All of Your NONPRIORITY Unsecured Claims**
**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

**Total claim**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known)

4.1	<b>Action Irrigation &amp; Lighting</b> Nonpriority Creditor's Name <b>9111 Brookpark Road</b> <b>#3</b> <b>Parma, OH 44129</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1622</u> <b>When was the debt incurred?</b> <u>7/24/2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Home Maintenance/Repairs</u>	<b>\$672.00</b>
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4.2	<b>Affirm, Inc.</b> Nonpriority Creditor's Name <b>633 Folsom St.</b> <b>7th Floor</b> <b>San Francisco, CA 94107</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>XXXX</u> <b>When was the debt incurred?</b> <u>2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Misc. loan proceeds</u>	<b>\$558.55</b>
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4.3	<b>Bluegreen Vacations Corporation</b> Nonpriority Creditor's Name <b>4960 Conference Way</b> <b>North</b> <b>Suite 100</b> <b>Boca Raton, FL 33431</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>2558</u> <b>When was the debt incurred?</b> <u>3/19/2018</u>  <b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Timeshare maintenance fees</u>	<b>\$3,138.61</b>
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Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.4	<b>Capital One</b> Nonpriority Creditor's Name <b>P.O. Box 71087</b> <b>Charlotte, NC 28272-1087</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1048</u> <b>When was the debt incurred?</b> <u>2016</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Misc. credit card purchases and/or advances</b>	<b>\$1,417.11</b>
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4.5	<b>Capital One Bank USA, N.A.</b> Nonpriority Creditor's Name <b>PO Box 6492</b> <b>Carol Stream, IL 60197-6492</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1035</u> <b>When was the debt incurred?</b> <u>2017</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Misc. credit card purchases and/or advances</b>	<b>\$3,192.25</b>
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4.6	<b>Cavaliers Operating Company, LLC</b> Nonpriority Creditor's Name <b>1 Center Court</b> <b>Cleveland, OH 44115</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>9077</u> <b>When was the debt incurred?</b> <u>6/1/2018</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Business seating agreement (no arrears)</b>	<b>\$0.00</b>
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Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known)

4.7	<b>Chase Bank USA, NA</b> Nonpriority Creditor's Name <b>PO Box 15298</b> <b>Wilmington, DE 19850-5298</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>1802</u> <b>When was the debt incurred?</b> <u>2017</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Misc. credit card purchases and/or advances</u>	<b>\$2,533.15</b>
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4.8	<b>Citizen Bank, N.A.</b> Nonpriority Creditor's Name <b>10561 Telegraph Road</b> <b>Glen Allen, VA 23059</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>5258</u> <b>When was the debt incurred?</b> <u>6/4/2014</u> <b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Mortgage on property at 23804 Cedar Rd Beachwood, OH 44122 Cuyahoga County PPN: 741-03-001</u>	<b>Unknown</b>
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4.9	<b>Cleveland Dermatology Group</b> Nonpriority Creditor's Name <b>2001 Crocker Rd.</b> <b>Suite 500</b> <b>Westlake, OH 44145</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>5751</u> <b>When was the debt incurred?</b> <u>9/13/2017</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical services</u>	<b>\$50.00</b>
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Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.1  
0**Cleveland Dermatology Group**

Nonpriority Creditor's Name

**2001 Crocker Rd.****Suite 500****Westlake, OH 44145**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **5751****\$50.00**When was the debt incurred? **8/14/17**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**4.1  
1**Craig R. Shimizu, D.D.S.**

Nonpriority Creditor's Name

**5682 Mayfield Rd.****Lyndhurst, OH 44124**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **XXXX****\$2,493.36**When was the debt incurred? **12/2/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**4.1  
2**Credit One Bank**

Nonpriority Creditor's Name

**PO Box 98873****Las Vegas, NV 89193-8873**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6417****\$320.95**When was the debt incurred? **1/16/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. credit card purchases and/or advances**



Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.1  
3**Credit One Bank**

Nonpriority Creditor's Name

**PO Box 98873**  
**Las Vegas, NV 89193-8873**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **8844****\$1,123.97**When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. credit card purchases and/or advances**4.1  
4**Credit One Bank**

Nonpriority Creditor's Name

**PO Box 98873**  
**Las Vegas, NV 89193-8873**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2664****\$462.38**When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. credit card purchases and/or advances**4.1  
5**Discover Bank**

Nonpriority Creditor's Name

**c/o DB Servicing Corporation**  
**6500 New Albany Road**  
**New Albany, OH 43054**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **9182****\$1,390.14**When was the debt incurred? **2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. credit card purchases and/or advances**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.1  
6**Discover Card**

Nonpriority Creditor's Name

**PO Box 742655**  
**Cincinnati, OH 45274-2655**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1846****\$6,332.67**When was the debt incurred? **2007**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Misc. credit card purchases and/or advances**

4.1  
7**GM Financial**

Nonpriority Creditor's Name

**PO Box 183834**  
**Arlington, TX 76096**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **5173****\$0.00**When was the debt incurred? **12/15/17**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Personal vehicle lease (no arrears)**

4.1  
8**HRRG**

Nonpriority Creditor's Name

**PO Box 8486**  
**Coral Springs, FL 33075**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2689****\$1,374.00**When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Misc. factoring collection account**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.1 9	<b>Huntington National Bank</b> Nonpriority Creditor's Name <b>PO Box 182519</b> <b>Columbus, OH 43218-2519</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>2419</u> <b>\$13,333.80</b> <b>When was the debt incurred?</b> <u>2015</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Misc. credit card purchases and/or advances</u>
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4.2 0	<b>Key Bank N.A.</b> Nonpriority Creditor's Name <b>4910 Tiedeman Rd.</b> <b>Brooklyn, OH 44144</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>0147</u> <b>\$2,270.07</b> <b>When was the debt incurred?</b> <u>2015</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Business bank fees</u>
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4.2 1	<b>KeyBank</b> Nonpriority Creditor's Name <b>Commercial Loan Department</b> <b>PO Box 94831</b> <b>Cleveland, OH 44101</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>2604</u> <b>\$58,935.25</b> <b>When was the debt incurred?</b> <u>8/15/2010</u> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Misc. business loan proceeds</u>
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Debtor 1 **Frederick D. Harris**Debtor 2 **Bernice R. Harris**

Case number (if known)

4.2  
2**KeyBank**

Nonpriority Creditor's Name

**Commercial Loan Department  
PO Box 94831  
Cleveland, OH 44101**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2604****\$1,350.00**When was the debt incurred? **2010**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. business loan fees**4.2  
3**Macy's**

Nonpriority Creditor's Name

**PO Box 8058  
Mason, OH 45040**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4968****\$435.54**When was the debt incurred? **6/18/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. store purchases**4.2  
4**Mariner Finance**

Nonpriority Creditor's Name

**10333 Northfield Rd  
Suite E.  
Northfield, OH 44067**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **4003****\$4,027.00**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Auto loan balance**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.2  
5**Medexpress Urgent Care PC**

Nonpriority Creditor's Name

**1001 Consol Energy Drive  
Canonsburg, PA 15317**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **363U****\$50.00**When was the debt incurred? **2/1/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**4.2  
6**Mercury**

Nonpriority Creditor's Name

**Card Services****PO Box 70168****Philadelphia, PA 19176-0168**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0909****\$7,651.41**When was the debt incurred? **5/5/2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. credit card purchases and/or advances**4.2  
7**Merrick Bank**

Nonpriority Creditor's Name

**PO Box 9201****Old Bethpage, NY 11804-9001**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6250****\$1,067.67**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. credit card purchases and/or advances**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.2  
8**National City Bank**

Nonpriority Creditor's Name

**1 National City Parkway  
Kalamazoo, MI 49009**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **6141****\$57,395.94**When was the debt incurred? **1/20/2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Line of Credit; Judgment**4.2  
9**Neal Marks, Inc.**

Nonpriority Creditor's Name

**4338 Mayfield Road  
Cleveland, OH 44121**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **004F****\$195.00**When was the debt incurred? **6/19/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**4.3  
0**Nordstrom Bank**

Nonpriority Creditor's Name

**PO Box 6555  
Englewood, CO 80155**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **2880****\$2,913.43**When was the debt incurred? **2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. store purchases**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.3  
1**Ohio Unviersity**

Nonpriority Creditor's Name

**Office of the Bursar**  
**010 Chubb Hall**  
**Athens, OH 45701**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **XXXX****\$1,580.00**When was the debt incurred? **2015-2016**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **School Fees; Tuition**
4.3  
2**Owners Management Company**

Nonpriority Creditor's Name

**25250 Rockside Road**  
**Bedford, OH 44146**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **0027****\$7,262.63**When was the debt incurred? **6/17/2015**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Condominium fees; Judgment**
4.3  
3**Paul F. Smith, D.D.S. Inc.**

Nonpriority Creditor's Name

**Van Aken Medical Center**  
**20119 Farnsleigh Road**  
**Suite 201**  
**Shaker Heights, OH 44122**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **XXXX****\$50.00**When was the debt incurred? **3/3/2014**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify **Medical services**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.3  
4**PayPal Credit**

Nonpriority Creditor's Name

**PO Box 105658****Atlanta, GA 30348**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☒ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **XXXX****\$2,500.00**When was the debt incurred? **2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. store purchases**4.3  
5**Putnam Leasing Company I, LLC**

Nonpriority Creditor's Name

**500 West Putnam Ave.****4th Floor****Greenwich, CT 06830**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☒ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**When was the debt incurred? **6/14/2016**

As of the date you file, the claim is: Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Business vehicle lease (no arrears)**4.3  
6**Richard Gregory Pyle D.D.S., P.C**

Nonpriority Creditor's Name

**800 W. University Ave.****Suite 1****Muncie, IN 47303**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **0700****\$52.00**When was the debt incurred? **11/15/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**



Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.3  
7**Synovus Bank**

Nonpriority Creditor's Name

**1148 Broadway  
Columbus, GA 31901**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **35AT****\$101,265.15**When was the debt incurred? **11/1/96**

As of the date you file, the claim is: Check all that apply

- ☒ Contingent  
☒ Unliquidated  
☒ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Guarantor of misc. loan proceeds; Lawsuit**

4.3  
8**The Illuminating Company**

Nonpriority Creditor's Name

**6896 Miller Road  
Brecksville, OH 44141**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **8125****\$1,858.45**When was the debt incurred? **2018**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Utility service**

4.3  
9**Timothy Keyes Jr. DC LLC**

Nonpriority Creditor's Name

**32875 Solon Rd.  
Suite 400  
Solon, OH 44139**

Number Street City State Zip Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☒ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number **Cash****\$140.00**When was the debt incurred? **9/18/18**

As of the date you file, the claim is: Check all that apply

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans  
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
☐ Debts to pension or profit-sharing plans, and other similar debts  
☒ Other. Specify **Medical services**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.4  
0**Transworld Systems Inc**

Nonpriority Creditor's Name

**PO Box 15270  
Wilmington, DE 19850**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **0295****\$50.00**When was the debt incurred? **2018****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**4.4  
1**TruGreen**

Nonpriority Creditor's Name

**1790 Kirby Pkwy  
Suite 300****Mephis, TN 38138**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **4021****\$154.00**When was the debt incurred? **5/10/2018****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Services**4.4  
2**University of Pittsburgh Physicians**

Nonpriority Creditor's Name

**200 Lothrop St.  
Pittsburgh, PA 15213**

Number Street City State Zip Code

**Who incurred the debt?** Check one.☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ **Check if this claim is for a community debt****Is the claim subject to offset?**☒ No☐ YesLast 4 digits of account number **875F****\$114.40**When was the debt incurred? **1/26/2018****As of the date you file, the claim is:** Check all that apply☐ Contingent☐ Unliquidated☐ Disputed**Type of NONPRIORITY unsecured claim:**☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.4  
3**University of Pittsburgh Physicians**

Nonpriority Creditor's Name

**200 Lothrop St.  
Pittsburgh, PA 15213**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **427F****\$111.65**When was the debt incurred? **11/28/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**4.4  
4**UPMC Health Services**

Nonpriority Creditor's Name

**PO Box 371472  
Pittsburgh, PA 15250**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **7332****\$42.97**When was the debt incurred? **8/13/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**4.4  
5**UPMC Health Services**

Nonpriority Creditor's Name

**PO Box 371472  
Pittsburgh, PA 15250**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **345U****\$280.72**When was the debt incurred? **11/28/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

4.4  
6**UPMC Health Services**

Nonpriority Creditor's Name

**PO Box 371472****Pittsburgh, PA 15250**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **437U****\$381.00**When was the debt incurred? **11/28/2017**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**4.4  
7**UPMC Health Services**

Nonpriority Creditor's Name

**PO Box 371472****Pittsburgh, PA 15250**

Number Street City State Zip Code

Who incurred the debt? Check one.

☐ Debtor 1 only☐ Debtor 2 only☒ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **1864****\$114.40**When was the debt incurred? **1/26/2018**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Medical services**4.4  
8**Wayfair, LLC**

Nonpriority Creditor's Name

**4 Copley Place****Floor 7****Boston, MA 02116**

Number Street City State Zip Code

Who incurred the debt? Check one.

☒ Debtor 1 only☐ Debtor 2 only☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No☐ YesLast 4 digits of account number **3003****\$3,802.54**When was the debt incurred? **7/22/2015**

As of the date you file, the claim is: Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims☐ Debts to pension or profit-sharing plans, and other similar debts☒ Other. Specify **Misc. store purchases****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

Name and Address  
**ARS National Services**  
**PO Box 469046**  
**Escondido, CA 92046-3023**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.7** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Barclay Cards US**  
**PO Box 13337**  
**Philadelphia, PA 19101-3337**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.26** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Bedford Municipal Court**  
**re: Civil Case #: 12 CVF 03673**  
**165 Center Road**  
**Bedford, OH 44146**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **0027**

Name and Address  
**CKS Financial**  
**PO Box 2856**  
**Chesapeake, VA 23327-2856**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.24** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Climaco Wilcox Peca Tarantino**  
**& Garofoli Co., L.P.A.**  
**55 Public Square**  
**Suite 1950**  
**Cleveland, OH 44113**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7614**

Name and Address  
**Court of Common Pleas**  
**Cuyahoga County, Ohio**  
**1200 Ontario Street**  
**Cleveland, OH 44113**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **5258**

Name and Address  
**Court of Common Pleas**  
**Cuyahoga County, Ohio**  
**1200 Ontario Street**  
**Cleveland, OH 44113**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **7614**

Name and Address  
**Financial Recovery Services, Inc.**  
**PO Box 385908**  
**Minneapolis, MN 55438-5908**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.15** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Johna M. Bella, Esq.**  
**405 Madison Avenue**  
**Suite 2200**  
**Toledo, OH 43604**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.8** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Jonathan T. Edwards**  
**1201 West Peachtree St.**  
**Atlanta, GA 30309**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number **2635**

Name and Address

On which entry in Part 1 or Part 2 did you list the original creditor?

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**NAR**  
**1600 West 2200 South**  
**Suite 410**  
**Salt Lake City, UT 84119**

Line **4.27** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Pinnacle Recovery Inc.**  
**Po Box 138040**  
**Carlsbad, CA 92013**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.3** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**Revenue Group**  
**4780 Hinckley Industrial Parkway**  
**Suite 200**  
**Cleveland, OH 44109**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.33** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**SMS Financial, LLC**  
**6829 North 12th St**  
**Phoenix, AZ 85014**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.28** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**7614**

Name and Address  
**Ted S. Friedman, Esq.**  
**32901 Station Street #105**  
**Solon, OH 44139**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.32** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**United States Attorney**  
**Attn: Bankruptcy Section**  
**Carl B. Stokes U.S. Court House**  
**801 West Superior Ave. Suite 400**  
**Cleveland, OH 44113-1852**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.1** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**United States Attorney**  
**Attn: Bankruptcy Section**  
**Carl B. Stokes U.S. Court House**  
**801 West Superior Ave. Suite 400**  
**Cleveland, OH 44113-1852**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **2.2** of (Check one):

- ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address  
**US District Court**  
**Northern District of Georgia**  
**Atlanta Division**  
**75 Ted Turner Drive, Suite 2211**  
**Atlanta, GA 30303**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.37** of (Check one):

- ☐ Part 1: Creditors with Priority Unsecured Claims  
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**2635**

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1			Total Claim	
	6a. Domestic support obligations	6a.	\$	<b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$	<b>21,869.54</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	<b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	<b>0.00</b>

Debtor 1 **Frederick D. Harris**  
Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

	6e. <b>Total Priority.</b> Add lines 6a through 6d.	6e.	\$	<b>21,869.54</b>
Total claims from Part 2	6f. <b>Student loans</b>	6f.	\$	<b>0.00</b>
	6g. <b>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</b>	6g.	\$	<b>0.00</b>
	6h. <b>Debts to pension or profit-sharing plans, and other similar debts</b>	6h.	\$	<b>0.00</b>
	6i. <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	<b>294,494.16</b>
	6j. <b>Total Nonpriority.</b> Add lines 6f through 6i.	6j.	\$	<b>294,494.16</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Frederick D. Harris</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Bernice R. Harris</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

☐ Check if this is an amended filing

**Official Form 106G****Schedule G: Executory Contracts and Unexpired Leases****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?**  
☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone).** See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1	<b>Cavaliers Operating Company, LLC</b> 1 Center Court Cleveland, OH 44115	<b>Business seating agreement</b>
2.2	<b>GM Financial</b> PO Box 183834 Arlington, TX 76096	<b>2017 Cadillac XT5</b>
2.3	<b>Putnam Leasing Company I, LLC</b> 500 West Putnam Ave. 4th Floor Greenwich, CT 06830	<b>2002 Bentley Azure</b>



**Fill in this information to identify your case:**

Debtor 1	<b>Frederick D. Harris</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Bernice R. Harris</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- ☐ No  
☒ Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
 Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
 Check all schedules that apply:

3.1 **Abraham David**  
**140 Jackson Drive**  
**Chagrin Falls, OH 44022**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.8**  
☐ Schedule G \_\_\_\_\_  
**Citizen Bank, N.A.**

3.2 **Blue Chip Investments VII, LLC**  
**55 E. Juniper Lane**  
**Chagrin Falls, OH 44022**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.35**  
☐ Schedule G \_\_\_\_\_  
**Putnam Leasing Company I, LLC**

3.3 **Blue Chip Investments VII, LLC**  
**55 E. Juniper Lane**  
**Chagrin Falls, OH 44022**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.8**  
☐ Schedule G \_\_\_\_\_  
**Citizen Bank, N.A.**

Debtor 1 **Frederick D. Harris**  
**Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
 Check all schedules that apply:

3.4 **Dr Frederick D. Harris MD, Inc.**  
**55 E. Juniper Lane**  
**Chagrin Falls, OH 44022**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.21**  
☐ Schedule G \_\_\_\_\_  
**KeyBank**

3.5 **Dr Frederick D. Harris MD, Inc.**  
**55 E. Juniper Lane**  
**Chagrin Falls, OH 44022**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.22**  
☐ Schedule G \_\_\_\_\_  
**KeyBank**

3.6 **Dr Frederick D. Harris MD, Inc.**  
**55 E. Juniper Lane**  
**Chagrin Falls, OH 44022**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.20**  
☐ Schedule G \_\_\_\_\_  
**Key Bank N.A.**

3.7 **Dr Frederick D. Harris MD, Inc.**  
**55 E. Juniper Lane**  
**Chagrin Falls, OH 44022**

☒ Schedule D, line **2.5**  
☐ Schedule E/F, line \_\_\_\_\_  
☐ Schedule G \_\_\_\_\_  
**SMS Financial 30, LLC**

3.8 **Jasmine Harris**  
**55 East Juniper Lane**  
**Moreland Hills, OH 44022**  
**Daughter**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.39**  
☐ Schedule G \_\_\_\_\_  
**Timothy Keyes Jr. DC LLC**

3.9 **Jasmine Harris**  
**55 East Juniper Lane**  
**Moreland Hills, OH 44022**  
**Daughter**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.10**  
☐ Schedule G \_\_\_\_\_  
**Cleveland Dermatology Group**

3.10 **Joshua Harris**  
**55 E. Juniper Ln**  
**Chagrin Falls, OH 44022**  
**Son**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.31**  
☐ Schedule G \_\_\_\_\_  
**Ohio Unviersity**

3.11 **Joshua Harris**  
**55 E. Juniper Ln**  
**Chagrin Falls, OH 44022**  
**Son**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.24**  
☐ Schedule G \_\_\_\_\_  
**Mariner Finance**

Debtor 1 **Frederick D. Harris**  
**Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

*Column 1: Your codebtor*

*Column 2: The creditor to whom you owe the debt*  
 Check all schedules that apply:

3.12 **Joshua Harris**  
**55 E. Juniper Ln**  
**Chagrin Falls, OH 44022**  
**Son**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.27**  
☐ Schedule G \_\_\_\_\_  
**Merrick Bank**

3.13 **Joshua Harris**  
**55 E. Juniper Ln**  
**Chagrin Falls, OH 44022**  
**Son**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.7**  
☐ Schedule G \_\_\_\_\_  
**Chase Bank USA, NA**

3.14 **Joshua Harris**  
**55 E. Juniper Ln**  
**Chagrin Falls, OH 44022**  
**Son**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.33**  
☐ Schedule G \_\_\_\_\_  
**Paul F. Smith, D.D.S. Inc.**

3.15 **Joshua Harris**  
**55 E. Juniper Ln**  
**Chagrin Falls, OH 44022**  
**Son**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.15**  
☐ Schedule G \_\_\_\_\_  
**Discover Bank**

3.16 **Joshua Harris**  
**55 E. Juniper Ln**  
**Chagrin Falls, OH 44022**  
**Son**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.18**  
☐ Schedule G \_\_\_\_\_  
**HRRG**

3.17 **Lonnie D. Sloan, Trustee**

☐ Schedule D, line \_\_\_\_\_  
☒ Schedule E/F, line **4.37**  
☐ Schedule G \_\_\_\_\_  
**Synovus Bank**

**Fill in this information to identify your case:**

Debtor 1	<b>Frederick D. Harris</b>		
	First Name	Middle Name	Last Name
Debtor 2	<b>Bernice R. Harris</b>		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF OHIO</u>			
Case number _____ (if known)			

☐ Check if this is an amended filing

Official Form 106Dec

**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**Sign Below**

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Frederick D. Harris

**Frederick D. Harris**  
Signature of Debtor 1

Date October 29, 2018

X /s/ Bernice R. Harris

**Bernice R. Harris**  
Signature of Debtor 2

Date October 29, 2018

**Fill in this information to identify your case:**

Debtor 1	<b>Frederick D. Harris</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	<b>Bernice R. Harris</b>		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF OHIO		
Case number (if known)			

☐ Check if this is an amended filing
**Official Form 107****Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Give Details About Your Marital Status and Where You Lived Before****1. What is your current marital status?**

- ☒ Married  
☐ Not married

**2. During the last 3 years, have you lived anywhere other than where you live now?**

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:

 Dates Debtor 1  
lived there

Debtor 2 Prior Address:

 Dates Debtor 2  
lived there
**3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.*)

- ☒ No  
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

**Part 2 Explain the Sources of Your Income****4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

 From January 1 of current year until  
the date you filed for bankruptcy:
**Debtor 1**
**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions and  
exclusions)

☒ Wages, commissions,  
bonuses, tips
**\$333,333.40**
☐ Operating a business
**Debtor 2**
**Sources of income**  
Check all that apply.

**Gross income**  
(before deductions  
and exclusions)

☐ Wages, commissions,  
bonuses, tips
**\$0.00**
☐ Operating a business

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$11,200.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$2,134.03</b>
<b>For last calendar year: (January 1 to December 31, 2017 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$388,344.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$14,000.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$1,357.00</b>
<b>For the calendar year before that: (January 1 to December 31, 2016 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$405,070.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$0.00</b>
	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$8,400.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<b>\$277.86</b>

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<b>Partnership and S Corps</b>	<b>\$17,812.50</b>		
<b>For last calendar year: (January 1 to December 31, 2017 )</b>	<b>Pension Distribution</b>	<b>\$67,857.00</b>		
	<b>Interest</b>	<b>\$73.00</b>		
	<b>Partnership and S Corps</b>	<b>\$18,948.00</b>		
<b>For the calendar year before that: (January 1 to December 31, 2016 )</b>	<b>Partnership and S Corps</b>	<b>\$18,894.00</b>		

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

- ☐ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☒ No. Go to line 7.  
☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
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**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
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**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
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**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No  
☒ Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>U.S. Bank National Association v. Frederick Harris, et al CV-17-879436</b>	<b>Foreclosure</b>	<b>Court of Common Pleas Cuyahoga County, Ohio 1200 Ontario Street Cleveland, OH 44113</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known)

Case title Case number	Nature of the case	Court or agency	Status of the case
<b>SMS Financial 30, LLC v. Frederick D. Harris M.D., Inc., et al.</b> <b>CV-16-857614</b>	<b>Collection</b>	<b>Court of Common Pleas Cuyahoga County, Ohio 1200 Ontario Street Cleveland, OH 44113</b>	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded  <b>Court of Appeals Case No. CA-17-105710</b>
<b>Owners Management Company v. Frederick D. Harris</b> <b>15-CVF-00027</b>	<b>Collection</b>	<b>Bedford Municipal Court 165 Center Road Bedford, OH 44146</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
<b>Synovus Bank v. Frederick D. Harris</b> <b>17-CV-02635</b>	<b>Collection (guarantor)</b>	<b>United States District Court Northern District of Georgia Atlanta Division 75 Ted Turner Drive, SW, Suite 2211 Atlanta, GA 30303</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<b>Citizens Bank, N.A., etc. vs. Abraham David, et al.</b> <b>CV-15-855528</b>	<b>Foreclosure</b>	<b>Court of Common Pleas Cuyahoga County, Ohio 1200 Ontario Street Cleveland, OH 44113</b>	<input type="checkbox"/> Pending <input checked="" type="checkbox"/> On appeal <input type="checkbox"/> Concluded  <b>Court of Appeals Case No. CA-17-106575</b>

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Creditor Name and Address	Describe the Property Explain what happened	Date	Value of the property
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11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount
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12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			



Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☐ No

☒ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates you contributed	Value
Word Church, Oasis Church Christian Teaching Center Various other churches	Cash contributions (combined)	9/2016- 9/2018	\$2,400.00

**Part 6: List Certain Losses**

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☒ No

☐ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
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**Part 7: List Certain Payments or Transfers**

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

☒ Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Van Ness Law, Ltd. 6181 Mayfield Road Suite 104 Mayfield Heights, OH 44124-3222 CJVLAW@Prodigy.Net	Legal Fees: \$150.00 Filing Fees: \$310.00	8/10/18, 9/28/18, 10/29/18	\$460.00
Joanne Brown, Esq. 4070 Mayfield Road Cleveland, OH 44121	Legal fees	6/2018	\$250.00
Summit Financial Education 4800 E Flower St Tucson, AZ 85712 www.summitfe.org		8/2/2018	\$49.95

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

☒ No

☐ Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
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Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known)

18. **Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

☐ No

☒ Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you CarMax, Inc. 4900 Pointe Parkway Cleveland, OH 44128	2006 Dodge Stratus, \$300.00	\$300.00	10/24/18
None			

19. **Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary?** (These are often called *asset-protection devices*.)

☒ No

☐ Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. **Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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21. **Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

☒ No

☐ Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	-----------------------

22. **Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

☒ No

☐ Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number *(if known)*

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☐ No  
☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- ☐ **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- ☐ **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- ☐ **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

25. Have you notified any governmental unit of any release of hazardous material?

- ☐ No  
☐ Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☐ No  
☐ Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case

**Part 11: Give Details About Your Business or Connections to Any Business**

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☒ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☒ An owner of at least 5% of the voting or equity securities of a corporation

Debtor 1 **Frederick D. Harris**  
 Debtor 2 **Bernice R. Harris**

Case number (if known) \_\_\_\_\_

☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
<b>Galaxy Investors, Inc.</b> 55 East Juniper Lane Moreland Hills, OH 44022	Investment opportunities (not operating)  Mark Stewart TaxMax Inc.	EIN: 47-1925378  From-To 10/9/2014 - present
<b>Dr Frederick D. Harris MD, Inc.</b> 55 E. Juniper Lane Chagrin Falls, OH 44022	Medical practice  Mark Stewart TaxMax Inc.	EIN: 46-2547966  From-To 9/29/2014 - present
<b>Blue Chip Investments VII, LLC</b> 55 East Juniper Lane Moreland Hills, OH 44022	Real estate investments  Mark Stewart TaxMax Inc.	EIN: 34-1918485  From-To 2/25/2000 - present
<b>422-306, LTD</b> 6922 Gates Road Gates Mills, OH 44040	Real estate	EIN: 34-1837257  From-To 7/22/1996

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

☒ No

☐ Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Frederick D. Harris

Frederick D. Harris  
Signature of Debtor 1

/s/ Bernice R. Harris

Bernice R. Harris  
Signature of Debtor 2

Date October 29, 2018

Date October 29, 2018

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

☒ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

**You are an individual filing for bankruptcy,**  
and

**Your debts are primarily consumer debts.**  
*Consumer debts* are defined in 11 U.S.C.  
§ 101(8) as "incurred by an individual  
primarily for a personal, family, or  
household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under  
one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan  
for family farmers or  
fishermen

Chapter 13 - Voluntary repayment plan  
for individuals with regular  
income

**You should have an attorney review your  
decision to file for bankruptcy and the choice of  
chapter.**

## Chapter 7: Liquidation

\$245	filing fee
\$75	administrative fee
+	\$15 trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form—the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form—sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

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## Chapter 11: Reorganization

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	\$1,167	filing fee
+	\$550	administrative fee
	\$1,717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

**Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

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**Chapter 12: Repayment plan for family farmers or fishermen**


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	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

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**Chapter 13: Repayment plan for individuals with regular income**


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	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.



### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to:

[http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:  
[http://justice.gov/ust/eo/hapcpa/ccde/cc\\_approved.html](http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html)

In Alabama and North Carolina, go to:  
<http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx>.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.



**United States Bankruptcy Court**  
**Northern District of Ohio**

In re **Frederick D. Harris**  
**Bernice R. Harris**

Debtor(s)

Case No.

Chapter

**13**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>3,000.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>150.00</b></u>
Balance Due .....	\$	<u><b>2,850.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**October 29, 2018**

*Date*

**/s/ Charles J. Van Ness**

**Charles J. Van Ness 0047365**

*Signature of Attorney*

**Van Ness Law, Ltd.**

**6181 Mayfield Road**

**Suite 104**

**Mayfield Heights, OH 44124-3222**

**(440) 461-4433 Fax: (440) 461-4434**

**CJVLAW@Prodigy.Net**

*Name of law firm*

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Chagrin Falls, OH 44022

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#3  
Parma, OH 44129

Affirm, Inc.  
633 Folsom St.  
7th Floor  
San Francisco, CA 94107

Ally Financial  
P.O. Box 78369  
Phoenix, AZ 85062

ARS National Services  
PO Box 469046  
Escondido, CA 92046-3023

Barclay Cards US  
PO Box 13337  
Philadelphia, PA 19101-3337

Bedford Municipal Court  
re: Civil Case #: 12 CVF 03673  
165 Center Road  
Bedford, OH 44146

Blue Chip Investments VII, LLC  
55 E. Juniper Lane  
Chagrin Falls, OH 44022

Bluegreen Servicing LLC  
PO Box 419439  
North  
Boston, MA 02241-9439

Bluegreen Vacations Corporation  
4960 Conference Way  
North  
Suite 100  
Boca Raton, FL 33431

Capital One  
P.O. Box 71087  
Charlotte, NC 28272-1087

Capital One Bank USA, N.A.  
PO Box 6492  
Carol Stream, IL 60197-6492

Cavaliers Operating Company, LLC  
1 Center Court  
Cleveland, OH 44115

Chase Bank USA, NA  
PO Box 15298  
Wilmington, DE 19850-5298

Citizen Bank, N.A.  
10561 Telegraph Road  
Glen Allen, VA 23059

CKS Financial  
PO Box 2856  
Chesapeake, VA 23327-2856

Cleveland Dermatology Group  
2001 Crocker Rd.  
Suite 500  
Westlake, OH 44145

Climaco Wilcox Peca Tarantino  
& Garofoli Co., L.P.A.  
55 Public Square  
Suite 1950  
Cleveland, OH 44113

Court of Common Pleas  
Cuyahoga County, Ohio  
1200 Ontario Street  
Cleveland, OH 44113

Craig R. Shimizu, D.D.S.  
5682 Mayfield Rd.  
Lyndhurst, OH 44124

Credit One Bank  
PO Box 98873  
Las Vegas, NV 89193-8873

Discover Bank  
c/o DB Servicing Corporation  
6500 New Albany Road  
New Albany, OH 43054

Discover Card  
PO Box 742655  
Cincinnati, OH 45274-2655

Dr Frederick D. Harris MD, Inc.  
55 E. Juniper Lane  
Chagrin Falls, OH 44022

Financial Recovery Services, Inc.  
PO Box 385908  
Minneapolis, MN 55438-5908

GM Financial  
PO Box 183834  
Arlington, TX 76096

HRRG  
PO Box 8486  
Coral Springs, FL 33075

Huntington National Bank  
PO Box 182519  
Columbus, OH 43218-2519

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

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55 East Juniper Lane  
Moreland Hills, OH 44022

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Toledo, OH 43604

Jonathan T. Edwards  
1201 West Peachtree St.  
Atlanta, GA 30309

Joshua Harris  
55 E. Juniper Ln  
Chagrin Falls, OH 44022

Key Bank N.A.  
4910 Tiedeman Rd.  
Brooklyn, OH 44144

KeyBank  
Commercial Loan Department  
PO Box 94831  
Cleveland, OH 44101

Macy's  
PO Box 8058  
Mason, OH 45040

Manley Deas & Kochalski LLC  
1555 Lake Shore Dr.  
Columbus, OH 43204

Mariner Finance  
10333 Northfield Rd  
Suite E.  
Northfield, OH 44067

Medexpress Urgent Care PC  
1001 Consol Energy Drive  
Canonsburg, PA 15317

Mercury  
Card Services  
PO Box 70168  
Philadelphia, PA 19176-0168

Merrick Bank  
PO Box 9201  
Old Bethpage, NY 11804-9001

NAR  
1600 West 2200 South  
Suite 410  
Salt Lake City, UT 84119

National City Bank  
1 National City Parkway  
Kalamazoo, MI 49009

Neal Marks, Inc.  
4338 Mayfield Road  
Cleveland, OH 44121

Nordstrom Bank  
PO Box 6555  
Englewood, CO 80155

Ohio Unviersity  
Office of the Bursar  
010 Chubb Hall  
Athens, OH 45701

Owners Management Company  
25250 Rockside Road  
Bedford, OH 44146

Paul F. Smith, D.D.S. Inc.  
Van Aken Medical Center  
20119 Farnsleigh Road  
Suite 201  
Shaker Heights, OH 44122

PayPal Credit  
PO Box 105658  
Atlanta, GA 30348

Pinnacle Recovery Inc.  
Po Box 138040  
Carlsbad, CA 92013

Putnam Leasing Company I, LLC  
500 West Putnam Ave.  
4th Floor  
Greenwich, CT 06830

Regional Income Tax Agency  
Attn: Bankruptcy  
PO Box 470537  
Broadview Heights, OH 44147

Revenue Group  
4780 Hinckley Industrial Parkway  
Suite 200  
Cleveland, OH 44109

Richard Gregory Pyle D.D.S., P.C  
800 W. University Ave.  
Suite 1  
Muncie, IN 47303

Rushmore Loan Management Services  
PO Box 52708  
Irvine, CA 92619

SMS FInancial 30, LLC  
6829 North 12th Street  
Phoenix, AZ 85014

SMS Financial, LLC  
6829 North 12th St  
Phoenix, AZ 85014

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1148 Broadway  
Columbus, GA 31901

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Brecksville, OH 44141

Timothy Keyes Jr. DC LLC  
32875 Solon Rd.  
Suite 400  
Solon, OH 44139

Transworld Systems Inc  
PO Box 15270  
Wilmington, DE 19850

TruGreen  
1790 Kirby Pkwy  
Suite 300  
Mephis, TN 38138

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as Trustee for the RMAC Trust  
15480 Laguna Canyon Road  
Suite 100  
Irvine, CA 92618

United States Attorney  
Attn: Bankruptcy Section  
Carl B. Stokes U.S. Court House  
801 West Superior Ave. Suite 400  
Cleveland, OH 44113-1852

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200 Lothrop St.  
Pittsburgh, PA 15213

UPMC Health Services  
PO Box 371472  
Pittsburgh, PA 15250

US Bank  
PO Box 1800  
Saint Paul, MN 55101-0800

US District Court  
Northern District of Georgia  
Atlanta Division  
75 Ted Turner Drive, Suite 2211  
Atlanta, GA 30303

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4 Copley Place  
Floor 7  
Boston, MA 02116